

RETURN TO SPORT, PHYSICAL ACTIVITY AND RECREATION – STAGE 2

Appendix A: Screening checklist

If an individual answers **YES** to any of the questions, they **must not** be allowed to participate in the sport or activity. Children and youth will need a parent to assist them to complete this screening tool.

| 1. | Does the person attending the activity, have any of the below symptoms: | CIRCLE ONE | |
|----|---|------------|----|
| | | YES | NO |
| | • Fever | YES | NO |
| | • Cough | YES | NO |
| | • Shortness of Breath / Difficulty Breathing | YES | NO |
| | • Sore throat | YES | NO |
| | • Chills | YES | NO |
| | • Painful swallowing | YES | NO |
| | • Runny Nose / Nasal Congestion | YES | NO |
| | • Feeling unwell / Fatigued | YES | NO |
| | • Nausea / Vomiting / Diarrhea | YES | NO |
| | • Unexplained loss of appetite | YES | NO |
| | • Loss of sense of taste or smell | YES | NO |
| | • Muscle/ Joint aches | YES | NO |
| | • Headache | YES | NO |
| | • Conjunctivitis | YES | NO |
| 2. | Have you, or anyone in your household, returned from travel outside of Canada in the last 14 days? | YES | NO |
| 3. | Have you or your children attending the program had close unprotected contact (face-to-face contact within two-metres) with someone who is ill with cough and/or fever? | YES | NO |
| 4. | Have you or anyone in your household been in close <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19? | YES | NO |

If you have answered **“YES”** to any of the above questions **do not** participate. Proceed home and use the to determine if testing is recommended.